

Michigan Department of Community Health Outpatient Prospective Payment System (OPPS) Project Decisions Documentation	TITLE / ISSUE :	
	Therapies-Prior Authorization and Frequency Parameters – PROPOSED	
	POINT PERSON	DATE INITIATED/REVISED
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Issue Description:		
<p>Most covered therapy codes require prior authorization after a certain frequency is exceeded. Should PA and frequency parameters be maintained?</p>		
Research and Discussions Summary		
<p>Prior authorization requirements are part of the CMS-approved State Plan. Edit analysis indicates few claims exceed frequency parameters.</p>		
Conclusion		
<p>Continue prior authorization requirements and frequency editing.</p>		
Action Required (systems, publications, etc.)		
<p>Develop system work around to maintain current PA and frequency editing.</p>		